



American
Association of
Orthodontists®

Some suggested questions/answers:

How many people are having orthodontic treatment?

A survey of calendar year 2016 by the American Association of Orthodontists shows that more than 6 million people are being treated by its member orthodontists in the U.S. and Canada.

Who needs orthodontic treatment?

About 3 out of 4 people could benefit from some form of orthodontic treatment.

What is an orthodontist?

Orthodontists are dental specialists whose job is to diagnose, prevent and treat dental and facial irregularities. They are the uniquely trained experts in dentistry to straighten teeth and align jaws.

Orthodontists receive an additional two to three years of specialized education beyond dental school to learn the proper way to align and straighten teeth.

Only those who have completed this formal education may ethically call themselves “orthodontists.” Only orthodontists are eligible for membership in the American Association of Orthodontists.

As dentistry’s experts in orthodontic care, orthodontists are highly skilled in the diagnosis of orthodontic problems – and knowing what the problem is makes its correction possible. Orthodontists are also familiar with all of the kinds of treatment on the market, and can recommend the right type of “appliance” – the formal name for devices like braces and aligners – for each patient’s unique needs.

What is orthodontics?

The official name of the specialty is orthodontics and dentofacial orthopedics. “Ortho” means to straighten; “dentic” refers to teeth, so orthodontics means to straighten teeth. “Dento” means teeth and “facial” refers to the face and jaws. So dentofacial orthopedics means to straighten or correct the face and jaws of the child.

The purpose of orthodontic treatment is to provide a good bite—teeth and jaws that work in unison so that people can bite, chew and speak effectively. The nice side effect of orthodontic treatment is that teeth look good. Teeth that work better generally look better, too.

Why is a good bite important?

A good bite and straight teeth help an individual to effectively bite, chew and speak. Straight teeth contribute to healthy teeth and gums because they collect less plaque, the cause of tooth decay and gum disease (more teeth are lost to gum disease than to decay). Properly aligned teeth and jaws may alleviate or prevent physical health problems. Good oral health is linked to good overall physical health.

Teeth that work better also tend to look better. For some, an attractive smile may contribute to self-esteem.

What's the best age to have orthodontic treatment?

Orthodontists like to see children no later than age 7—just as the permanent teeth are beginning to come in. The orthodontist can determine if a problem exists or is developing, and if so, when treatment should begin. But healthy teeth can be moved at any age—because the process of moving teeth is the same in children and adults. About 1 in 4 orthodontic patients is age 18 or older—sometimes much older. Patients in their 30s, 40s, 50s and older regularly seek treatment. With proper care, teeth can last a lifetime. And sometimes orthodontic treatment is part of an individual's care requirements.

Is all orthodontic treatment done with braces?

No—there are a variety of devices orthodontists call “appliances” that are used to move teeth and align jaws. Most people are familiar with traditional stainless steel brackets and wires that constitute braces. And these are widely used. But there are braces that have tooth-colored brackets, making them less noticeable. There are braces that go behind the teeth, called “lingual” braces. There are braces that aren't braces at all, but are a series of clear, plastic-like removable trays called “aligners” that can be used to move teeth.

Other appliances can be used, particularly in patients who may still have baby teeth, to help make the upper jaw wider and make room for permanent teeth to come in; to help the upper and lower jaws grow in a good relationship to each other; or to help in correcting habits that can affect the position of teeth and jaws, such as sucking the thumb or fingers.

Orthodontists know about the full range of devices used in orthodontic treatment, and what works best in different situations.

Does orthodontic treatment hurt?

Not really. While there may be some mild discomfort when treatment begins, or when appliances are adjusted, the discomfort is often easily relieved with over-the-counter analgesics.

Are there any signs to watch for in children that would indicate they need to see an orthodontist?

Some things parents might watch for include:

- Early or late loss of teeth

- Difficulty in chewing or biting
- Mouth breathing
- Thumb sucking
- Crowding, misplaced or blocked-out teeth
- Jaws that shift or make sounds
- Speech difficulties
- Biting the cheek or roof of the mouth
- Teeth that meet abnormally, or don't meet at all
- Facial imbalance
- Jaws that are too far forward or too far back
- Grinding or clenching of teeth

An educational guide called “Problems to Watch for in Growing Children”—complete with several photos—can be found on the American Association of Orthodontists’ website, aaoinfo.org.

When parents spot a problem, regardless of the child’s age, they should visit an AAO orthodontist for a consultation. (If complimentary consultations are customary in your area, it would be appropriate to mention it here.)

What about adults?

About one in four orthodontic patients today is an adult. In addition to a poor bite, adults might also have gum problems, worn teeth, decayed teeth, misaligned jaws or other problems. In these cases, it might require a team effort—the orthodontist, general dentist and other dental specialists—to bring the patient to good dental health.

It’s common today for adults in their 30s, 40s, 50s and beyond to seek orthodontic treatment.

People are keeping their natural teeth longer than previous generations. A study by the National Institute of Dental and Craniofacial Research showed that among people between the ages of 55 and 64, the rate of toothlessness dropped 60 percent since 1960.

I had braces as a teen, but my teeth have moved. What can I do?

Some adults who previously had orthodontic treatment find that as they mature, their teeth have shifted. Some adults are seeking orthodontic treatment for a second time to correct misaligned teeth.

People sometimes think teeth are set in stone, that once they’ve been moved through orthodontic treatment, they will not move again. But teeth are set in bone, which is living tissue. Bone continuously breaks down and rebuilds, responding to forces created by biting, chewing and speaking.

Wearing retainers as prescribed by your orthodontist is the best way to minimize this movement.

How long does orthodontic treatment take?

The length of treatment varies with the severity of the problem, and by how well the patient fulfills their responsibilities in treatment by keeping teeth, gums and braces clean; by avoiding some foods during treatment; and keeping appointments with their orthodontist. But on average, it takes about 22 months for orthodontic treatment. Patients will wear retainers after their braces are removed or their other orthodontic appliances have done their jobs—some retainers are worn temporarily, some permanently.

Orthodontic treatment is not a quick fix—it's a healthy fix. Orthodontists work to create a healthy bite in patients and a lasting result.

Are there any recent advances in orthodontics?

One of the most exciting advances is the use of nickel-titanium, or ni-ti, wires. The wire “remembers” what shape it's supposed to be in. Because of that, it exerts continuous, but gentle forces that help to move teeth faster and more comfortably.

Some things help with the diagnosis of orthodontic problems. If the problem is better understood, the treatment can be better tailored to correct it. For example, cone beam computed tomography technology allows the orthodontist to see the patient's face, jaws, and teeth in three-dimensions.

Temporary anchorage devices are widely used today. A small titanium screw is easily placed in the mouth and allows treatment of jaw and tooth alignment without the need of headgear or other orthodontic appliances. After teeth have been moved to their proper place, the implant is removed. Some patients have been able to avoid jaw surgery by using these temporary devices.

Braces themselves continue to improve. The brackets of traditional braces are smaller, so patients avoid the “railroad tracks” look common some years ago. Some brackets can be clear or tooth-colored, so are nearly invisible. Brackets are bonded directly to the teeth for most patients and the adhesive used releases fluoride to help keep the tooth healthy during orthodontic treatment. In some cases, braces can be placed behind the teeth for total invisibility. These are called “lingual” braces.

There are even braces that aren't braces at all, but are clear, plastic-like trays, called “aligners;” some people can use them to nudge teeth toward their proper positions. The orthodontist is the best person to consult about the type of “appliance” (the formal name for devices used to move teeth or align jaws) that is best suited to move an individual's teeth.

What happens if orthodontic problems are not treated?

Untreated orthodontic problems might contribute to tooth decay, gum disease, bone loss, or loss of teeth. Untreated problems tend to get worse as a person gets older.

How do I find an orthodontist?

Use the “Find an Orthodontist” service on the American Association of Orthodontists’ website aaoinfo.org. You can also ask your family dentist for a referral—or talk with family and friends about orthodontists they have visited.

Always look for a member of the American Association of Orthodontists because only orthodontists are eligible for membership. A doctor’s membership in the American Association of Orthodontists is the public’s assurance that the doctor is an orthodontist—someone who has met the educational requirements of an advanced, accredited specialty education program. For orthodontists, that’s 2-3 years of study in orthodontics after they first graduated from dental school.

Where can I get more information?

Visit aaoinfo.org.